|  |
| --- |
| **GENERAL INFORMATION** |
| * The following self-assessment is to be utilised in conjunction with a pharmacy businesses’ biennial inspection. * Completion of the form prior to inspection provides an assessment of the readiness of the pharmacy. * This form may be mandated by the inspector or authorised officer prior to an inspection. * Completed forms must be submitted to the Committee Registrar on: * Post Registrar Pharmacy Premises Committee   PO Box 40596  Casuarina NT 0811   * Email [ppcregistrar@nt.gov.au](mailto:ppcregistrar@nt.gov.au) |

|  |  |
| --- | --- |
| **PHARMACY DETAILS:** | |
| **Registered Pharmacy Business/Service Name:** | |
| **Pharmacy Address:** | |
| **Mailing Address:** *(if different to pharmacy address)* | |
| **Phone:** | **Email:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PHARMACIST IN CHARGE:** | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF OWNER(S):** | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| * *If more than 5 applicants please attach a separate sheet with details* | | | |

|  |  |
| --- | --- |
| **DETAILS OF OWNERSHIP STRUCTURE:** | |
| Pursuant to the Health Practitioners Act, Schedule 7, Clause 2 a person must not own or exercise any control over a pharmacy business unless the person is: *(Please indicate which structure applies)* | |
| **Sole Proprietor** – Pharmacist:  Application must include a copy of:   * Business registration; and * Australian Business Number registration | 🞎 |
| **Partnership** - all partners are Pharmacists:  Application must include a copy of:   * Business Registration; and * Australian Business Number registration. | 🞎 |
| **Corporation** - all Shareholders and Directors are Pharmacists:  Application must include a copy of:   * Business registration; * Australian Business Number registration; and * Australian Securities and Investments Commission extract listing all shareholders and directors. | 🞎 |
| **Aboriginal health service or friendly society** granted an exemption by the Minister under the Health Practitioners Act, Schedule 7, Clause 2(2).  Application must include a copy of:   * Business Registration; * Australian Business Registration Number; * Indigenous Corporation Number; and * Exemption granted by Minister for Health | 🞎 |
| Other *(Please Specify and attach)*: | 🞎 |

|  |  |
| --- | --- |
| **DISPLAY OF NAMES – Standard 3** | **Premises Complies** |
| Registered Pharmacy Business Name | 🞎 Yes 🞎 No |
| Name(s) of owner(s) | 🞎 Yes 🞎 No |
| Name of Pharmacist-in-Charge | 🞎 Yes 🞎 No |
| Name of Pharmacist-on-Duty | 🞎 Yes 🞎 No |

.

|  |  |
| --- | --- |
| **PHYSICAL SECURITY – Standard 4.1** | **Premises Complies** |
| All external walls of solid construction | 🞎 Yes 🞎 No |
| All External entry points constructed to prevent unauthorised access | 🞎 Yes 🞎 No |
| Other external entry points such as windows and skylights constructed using high security glass and or utilise security grills or roller doors | 🞎 Yes 🞎 No |
| External bollards fitted | 🞎 Yes 🞎 No 🞎 N/A |
| **ALARM SYSTEM – Standard 4.2** | **Premises Complies** |
| Pharmacy contains a back to base alarm system that conforms to Australian Standards | 🞎 Yes 🞎 No |
| Alarm detectors provide coverage in all medicines storage areas | 🞎 Yes 🞎 No |
| Alarm undergoes regular testing for conformance | 🞎 Yes 🞎 No |
| The pharmacist-in-charge maintains a register of pharmacists with access | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **PHARMACY ACCESS – Standard 5** | **Premises Complies** |
| The pharmacy has at least one public access point. | 🞎 Yes 🞎 No |
| The pharmacy is physically secure with possible egress areas risk assessed including any windows, skylights and ceiling/roof spaces. | 🞎 Yes 🞎 No |
| The pharmacy is under the direct supervision of a pharmacist at all times when open to the public. | 🞎 Yes 🞎 No |
| The pharmacist-in-charge maintains a register of key and alarm holders | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **LIGHTING – Standard 6** | **Premises Complies** |
| Adequate lighting in all medicine preparation areas | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **TEMPERATURE CONTROL – Standard 7** | **Premises Complies** |
| The pharmacy temperature is maintained at or below 25oC. | 🞎 Yes 🞎 No |
| Temperature in the pharmacy can be monitored. | 🞎 Yes 🞎 No |
| In the event of a prolonged power outage the pharmacy has a protocol for maintaining scheduled medicines at or below 25oC. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **PROFESSIONAL SERVICES AREA – Standard 8** | **Premises Complies** |
| Must be marked by a sign that is permanent and in clear view of the public. | 🞎 Yes 🞎 No |
| Area is free of information, products and services that are not health related. | 🞎 Yes 🞎 No |
| Contains S3 storage area, dispensary, prescription in/out counter space and semi-private counselling booth. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **DISPENSARY – Standard 8.1** | **Premises Complies** |
| Dispensary area is at least 16m2. | 🞎 Yes 🞎 No |
| Does not allow access by the public. | 🞎 Yes 🞎 No |
| Cannot be used as a thoroughfare. | 🞎 Yes 🞎 No |
| Contains at least one dispense station. | 🞎 Yes 🞎 No |
| Dispensary bench is at least 1m2 and at least 40cm wide. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **SCHEDULE 3 MEDICINES – Standard 8.2** | **Premises Complies** |
| Stored to prevent self-selection. | 🞎 Yes 🞎 No |
| Stored in close proximity to the dispensary to allow pharmacist oversight. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **SCHEDULE 2 MEDICINES – Standard 8.3** | **Premises Complies** |
| S2 medicines may be stored within 4m of the dispensary. | 🞎 Yes 🞎 No |
| S2 medicines may also be stored from 4 to 6m from the dispensary but must be within line of sight of the dispensary. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **SEMI PRIVATE COUNSELLING BOOTH – Standard 8.4.1** | **Premises Complies** |
| Utilised routinely for counselling of patients. | 🞎 Yes 🞎 No |
| Contains a non-see through privacy screen at least 0.6m high. | 🞎 Yes 🞎 No |
| Width of the booth must be no greater than 1.2m. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **COUNSELLING ROOM (if fitted) – Standard 8.4.2** | **Premises Complies** |
| Not less than 7m2 – unless granted prior exemption by the Pharmacy Premises Committee. | 🞎 Yes 🞎 No |
| Constructed to allow privacy to the client. | 🞎 Yes 🞎 No |
| Contains a bench area not less than 0.6m2. | 🞎 Yes 🞎 No |
| Has sufficient lighting. | 🞎 Yes 🞎 No |
| Must have access to electronic devices to assist in the counselling process. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **NON-APPROVED PHARMACIES – Standard 8.5** | **Premises Complies** |
| Signage on public display as per pharmacy business standard advising patients of a non-approved pharmacy. | 🞎 Yes 🞎 No  🞎 N/A |

|  |  |
| --- | --- |
| **COMPUTER AND INFORMATION TECHNOLOGY – Standard 8.6** | **Premises Complies** |
| The pharmacy must have dedicated dispensing software.  Name of dispensing system: | 🞎 Yes 🞎 No |
| Dispensing software updates are performed monthly (or as required)  Date of last update: | 🞎 Yes 🞎 No |
| Dispensary hardware must be operational and fit for purpose. | 🞎 Yes 🞎 No |
| Dispensing Scanner accepts QR codes? | 🞎 Yes 🞎 No |
| The pharmacy possesses operational guidelines for the effective use of pharmacy hardware and IT. | 🞎 Yes 🞎 No |
| Internet operational | 🞎 Yes 🞎 No |
| Firewall and Virus Protection Software installed  Name: | 🞎 Yes 🞎 No |
| Back-up of system undertaken at least daily  Type eg: cloud/off site: | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **SCHEDULE 8 SAFE – Standard 9** | **Premises Complies** |
| Sufficient size for storage of S8 medicines and allows for ease of product selection. | 🞎 Yes 🞎 No |
| Conforms with the Code of practice for S8 storage and transport. | 🞎 Yes 🞎 No |
| Securely bolted to the wall or floor. | 🞎 Yes 🞎 No |
| The pharmacist-in-charge maintains a register of access. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **PHARMACEUTICAL REFRIGERATOR – Standard 10** | **Premises Complies** |
| The pharmacy must have at least one approved pharmaceutical refrigerator. | 🞎 Yes 🞎 No |
| Regular twice daily monitoring occurs in accordance with *‘strive for 5’* policy. | 🞎 Yes 🞎 No |
| In the event of a prolonged power outage the pharmacy has a protocol for refrigerated medicines. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **HYGEINE & PEST CONTROL– Standard 12** | **Premises Complies** |
| Pharmacy premises must be clean. | 🞎 Yes 🞎 No |
| All fittings, fixtures kept clean. | 🞎 Yes 🞎 No |
| Pharmacy premises constructed to prevent entry by vertebrate pests such as mice and rats. | 🞎 Yes 🞎 No |
| Pharmacy possesses a protocol for pest inspection/treatment. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **SINKS – Standard 11** | **Premises Complies** |
| A dedicated hand washing sink. | 🞎 Yes 🞎 No |
| Sink for extemporaneous preparation – if the pharmacy provides this service. | 🞎 Yes 🞎 No  🞎 N/A |
| Sink for meal/food preparation – if required. | 🞎 Yes 🞎 No  🞎 N/A |
| Access to a cleaners sink for floor waste.  *Note: this sink may be located external to the pharmacy premises* | 🞎 Yes 🞎 No 🞎 N/A |

|  |  |
| --- | --- |
| **STOREROOMS (if utilised) – Standard 13** | **Premises Complies** |
| Is the storeroom attached to the pharmacy premises? | 🞎 Yes 🞎 No |
| If scheduled medicines are stored in the storeroom, are all requirements for security, access and temperature control in place. | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **DOSE ADMINISTRATION AID SERVICE – Standard 14**  (if pharmacy provides more than 15 DAA per week) | **Premises Complies** |
| Dedicated bench space at least 1m2. | 🞎 Yes 🞎 No |
| Adequate lighting. | 🞎 Yes 🞎 No |
| Access to patient records. | 🞎 Yes 🞎 No |
| Access to hand hygiene facilities. | 🞎 Yes 🞎 No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT** | | | | | |
| Disposable gloves | 🞎 | Tweezers | 🞎 | Tablet cutter | 🞎 |

|  |  |
| --- | --- |
| **OPIOID PHARMACOTHERAPY PROGRAM – Standard 15**  (if pharmacy provides this service) | **Premises Complies** |
| **Suboxone Service** – pill cartons for takeaway doses. | 🞎 Yes 🞎 No |
| **Subutex Service** – dedicated spatula, tablet crusher & tab vials for takeaway doses. | 🞎 Yes 🞎 No |
| **Methadone Service** – dedicated measure, disposable cups & takeaway bottles. | 🞎 Yes 🞎 No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT – information technology** | | | | | |
| Internet access | 🞎 | Firewall and virus protection software | 🞎 | Back-up system | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT – dispensing station** | | | | | |
| Barcode scanner | 🞎 | Printer for labels | 🞎 | Printer for repeats | 🞎 |
| Medicine labels | 🞎 | C&A labels | 🞎 | Spatula – tablet counter | 🞎 |
| Tablet counting trays | 🞎 | Stationery consumables | 🞎 | Cytotoxic handling equipment | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT – medicines packing** | | | | | |
| Pill cartons | 🞎 | Tablet vials with CRC | 🞎 | Cold pack bags | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT – general equipment** | | | | | |
| RUM container | 🞎 | Sharps Disposal | 🞎 | Cytotoxic spill kit | 🞎 |
| Purified water | 🞎 | Calibrated measures – 100mL and 20mL | 🞎 | Document shredder or other means of disposal | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANDATORY EQUIPMENT – extemporaneous preparation** | | | | | |
| Dispensing balance calibrated or purchased within 5 years | 🞎 | Various calibrated measures or other means | 🞎 | Appropriate PPE such as gloves and mask | 🞎 |
| Mortar and pestle | 🞎 | Ointment slab | 🞎 | Spatulas x2 | 🞎 |
| Funnel | 🞎 | Stirring rod | 🞎 | Dropper bottles | 🞎 |
| Ointment jars: clear | 🞎 | Ointment jars: opaque | 🞎 | Bottles for internal medicines | 🞎 |
| Bottles - fluted | 🞎 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOBACCO CONTROL ACT 2002 – Compliance**  (if pharmacy dispenses vaping products) | | **Premises Complies** |
| Does the Pharmacy have a Current Tobacco Retail Licence? | | 🞎 Yes 🞎 No |
| Does the Pharmacy display the Tobacco Retail Licence at point of sale? | | 🞎 Yes 🞎 No |
| Is the appropriate A3 size Health Warning Sign on display? | | 🞎 Yes 🞎 No |
| * + 1. Is the warning sign ‘tobacco products are not to be sold to persons under the age of 18 years’ on display? | | 🞎 Yes 🞎 No |
| Are nicotine vaping devices stored to prevent viewing by public? | | 🞎 Yes 🞎 No |
| Are dispensed nicotine vaping devices stored to prevent viewing by public? | | 🞎 Yes 🞎 No |
| **MANDATORY REFERENCES** | | | |
| **Pharmacy Business Mandatory Reference List – hard copy or electronic format** | | **Premises Complies** | |

|  |  |  |
| --- | --- | --- |
| **Current editions of EACH of the following references:** | | |
| 1. | [Health Practitioner Regulation National Law Act (the National Law)](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/340711327ef9f3746925775400048d5f/$FILE/Reph022.pdf) | 🞎 Yes 🞎 No |
| 2. | [Medicines](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/8c3e0d39b3f487fa6925799500247187/$FILE/Repp028R1.pdf) Poisons and Therapeutic Goods Act | 🞎 Yes 🞎 No |
| 3. | [Medicines](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/8c3e0d39b3f487fa6925799500247187/$FILE/Repp028R1.pdf) Poisons and Therapeutic Goods Regulations | 🞎 Yes 🞎 No |
| 4. | [The Standard for Uniform Scheduling of Medicines and Poisons](http://www.tga.gov.au/industry/scheduling-poisons-standard.htm) (SUSMP) | 🞎 Yes 🞎 No |
| 5. | [Health Practitioners Act](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/17119157be15c2f26925784c0017794c/$FILE/Reph018.pdf) | 🞎 Yes 🞎 No |

|  |  |  |
| --- | --- | --- |
| **Current editions of EACH of the following references:** | | |
| 1. | Australian Pharmaceutical Formulary and Handbook (APF) | 🞎 Yes 🞎 No |
| 2. | Australian Medicines Handbook (AMH) or e-AMH | 🞎 Yes 🞎 No |
| 3. | Therapeutic Guidelines Series (complete set in hardcopy) or e-TG | 🞎 Yes 🞎 No |
| 4. | The AMH Children’s Dosing Companion | 🞎 Yes 🞎 No |
| 5. | The Australian Don’t Rush to Crush Handbook | 🞎 Yes 🞎 No |
| 6. | [The Australian Immunisation Handbook](http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook-home) | 🞎 Yes 🞎 No |
| 7. | Professional Practice Standards and Guidelines for: | |
|  | 7.1 The Pharmaceutical Society of Australia; **or** | 🞎 Yes 🞎 No |
|  | 7.2 The Society of Hospital Pharmacists of Australia | 🞎 Yes 🞎 No |
| 8. | [The Pharmacy Board of Australia Guidelines](http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx) | 🞎 Yes 🞎 No |
| 9. | The Merck Manual of Diagnosis and Therapy | 🞎 Yes 🞎 No |

|  |  |  |
| --- | --- | --- |
| **ONE of the following sources of Aust. Product Information and Consumer Medicine Information:** | | |
| 1. | MIMs Annual with MIMs Abbreviated | 🞎 Yes 🞎 No |
| 2. | e-MIMS | 🞎 Yes 🞎 No |
| 3. | MIMS Online | 🞎 Yes 🞎 No |
| 4. | AusDI Advanced/AusDI | 🞎 Yes 🞎 No |

|  |  |  |
| --- | --- | --- |
| **ONE of the following Drug Interaction references:** updated at least quarterly | | |
| 1. | AusDI Advanced/AusDI | 🞎 Yes 🞎 No |
| 2. | Drug Interaction Facts – Facts and Comparisons | 🞎 Yes 🞎 No |
| 3. | e-MIMS | 🞎 Yes 🞎 No |
| 4. | MIMs Online | 🞎 Yes 🞎 No |
| 5. | Micromedex | 🞎 Yes 🞎 No |
| 6. | Stockley’s Drug Interactions Online | 🞎 Yes 🞎 No |
| 7. | Lexicomp Interactions Online | 🞎 Yes 🞎 No |

|  |  |  |
| --- | --- | --- |
| **ONE of the following evidence-based references on complementary and alternate medicines:** | | |
| 1. | Herbs and Natural Supplements: An evidence based guide, Braun and Cohen | 🞎 Yes 🞎 No |
| 2. | Herbal Medicines, Barnes, Anderson and Phillipson | 🞎 Yes 🞎 No |
| 3. | Herbal Medicines and Dietary Supplements package | 🞎 Yes 🞎 No |
| 4. | Medline Plus: Drugs, Supplements, and Herbal Information | 🞎 Yes 🞎 No |
| 5. | Natural & Alternative Treatments: EBSCO | 🞎 Yes 🞎 No |
| 6. | Natural Medicines *(formerly Natural Standard and Natural Medicines Comprehensive Database)* | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
|  | *Yellow highlight: online version available free* |

­THE NORTHERN TERRITORY OF AUSTRALIA

**STATUTORY DECLARATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| (1) Insert full name and address of person making declaration | **I,** (1)    solemnly and sincerely declare the information provided in of this document is true and correct. | |
| (3) Signature of the person making the declaration. | This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.  Declared at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_**Error! Bookmark not defined.**  (3)  ... | |
| (4) Signature of the person before whom the declaration is made  (5) Here insert full name of person before whom the declaration is made, legibly written, typed or stamped  (6) Here insert contact address or telephone number of person before whom the declaration is made | Witnessed by: | (4)    (5)    (6) |
|  | **NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.** | |
|  | **NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act 2010.*** | |
|  | **NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.** | |